

Good practice guidance:

Assessing employee vulnerability to
Covid-19

Introduction

There have been [disparities identified](#) in the risk and outcomes from Covid-19. The rail industry wants to reduce disparities affecting people in the workforce who may be vulnerable, including but not limited to those in Black, Asian and Ethnic Minority (BAME) groups, men, older members of the workforce, and staff with underlying health conditions. See Appendix 1 for further information.

Network Rail, the cross industry Covid-19 task and finish group supporting BAME employees, RSSB and the cross industry Occupational Health Advisory Group, have collaborated to develop this guidance for individual vulnerability health risk assessments. This guidance is intended for inclusion in the wider industry Covid-19 Risk Assessment Support Service resources. The aim is to facilitate an individual's awareness of their potential risks and reduce disparities by improving accessibility to an Occupational Health (OH) professional who can undertake a full clinical risk assessment and advise on appropriate controls.

This guidance introduces principles to consider when undertaking individual vulnerability risk assessments. There is no one size fits all. RSSB recommends that the adoption and adaptation of this guidance is considered locally through engaging with employees, occupational health professionals, and trade union representatives. The principles build on examples of good practice implemented during Covid-19.

Guiding principles

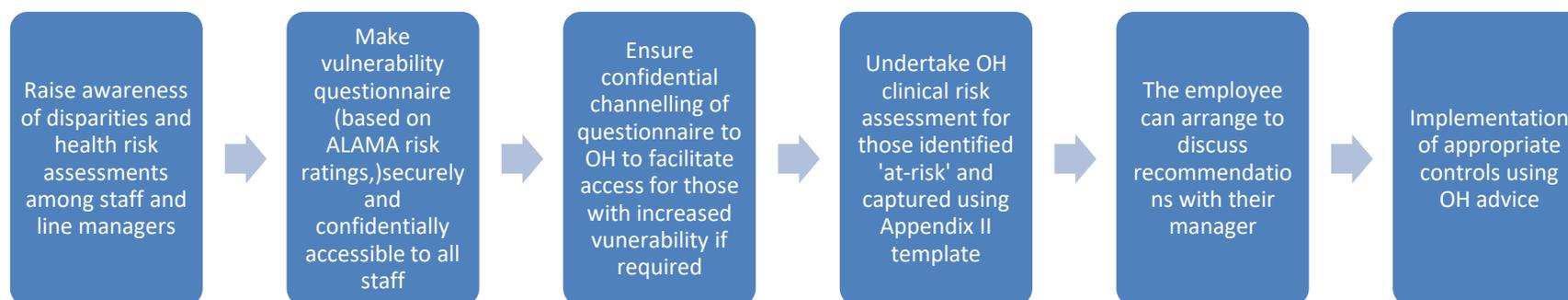
1. Employers should provide appropriate and timely information on Covid-19 health risks for managers and safety reps, and the processes for managing them. For example, information should highlight the increased risk of dying from Covid-19 for BAME colleagues and the commitments to supporting their health and wellbeing through improving access to Occupational Health.
2. Individuals at higher risk may work without any additional controls when the infection rate is low in your local geographical community. When the virus is active, vulnerable individuals may need additional controls to protect their health. This will be more likely in passenger-facing roles or where close proximity working is unavoidable.
3. Raising awareness of the health risks can create a demand for occupational health assessment by employees with identified risk factors. Before launching the assessment process in your company you need to consider the wider impact it may have on resourcing. This should involve determining if your occupational health provider has the capacity to meet any new service demands the process may generate and that any variance in contract costs are understood and agreed. Agree how the process will work locally so it is clear and robust.

4. It can be helpful for vulnerable groups to have access to a self-assessment vulnerability questionnaire drawing on the [Association of Local Authority Medical Advisors' \(ALAMA\) tool](#). Specifically, [this tool](#) analyses the risk factors associated with a significant vulnerability to Covid-19 and can provide information about the risk factors an individual may have. Questionnaires need to be based on the latest research, and ALAMA have been producing regular updates to their risk ratings, which needs to be reflected in local utilisation.
5. A self-assessment vulnerability questionnaire should facilitate staff to assess their own vulnerability, facilitate access to occupational health, and help identify and mitigate possible Covid-19 health risks. It should not be used as a replacement for your usual occupational health care or service provision.
6. Participating in an individual vulnerability health risk assessment should be voluntary and individuals' wishes to participate should be respected.
7. An individual vulnerability health risk assessment should be personal and confidential. Appropriate data protection safeguards should be in place to channel questionnaires into the company's Occupational Health service or medical advisor. Information about an individual's health should not be shared without explicit consent, and compliance with General Data Protection Regulation (GDPR) must be ensured.
8. Occupational Health professionals should consider using the [ALAMA risk assessment tool](#) to supplement their occupational health assessments. This tool should be used with clinical judgement.
9. Occupational Health professionals and employees may find it useful to complete the risk assessment template (Appendix II) together to capture recommendations in a format that can be helpful for the employee to communicate with their employer.
10. Following a full clinical risk assessment with an occupational health professional, an employee should be invited to discuss mitigation measures including adjustments to their job, etc. In such discussions it is good practice to ensure employees are accompanied by a trade union rep or an individual they may find helpful.
11. A health risk assessment should be reviewed periodically. However, given the rapidly changing Covid-19 environment and our understanding of how risk from Covid-19 can be most effectively managed these can be more frequent than the typical review cycle.

12. Employers and trade unions should encourage BAME colleagues to share their ethnicity with their employer so that their health and wellbeing needs can be appropriately supported.
13. If personal sociodemographic and health data is collected employers should make a clear statement about its purpose. To reassure employees about confidentiality this should include how the information will be collected and processed in accordance with GDPR.
14. Operational risk assessments should identify where risks may be incurred through individual health risk factors, such as ethnicity. In this way, employers will identify roles and mitigations as part of the normal risk assessment processes whilst recognising that some mitigations may require an individual approach.
15. Any individual vulnerability health risk assessment needs to be linked to relevant organisational policies on reasonable adjustments, as well as wider operational risk assessments and/or workplace assurance processes.
16. Information obtained from an individual vulnerability health risk assessment should not be used for disciplinarys or for redundancies.
17. Local risk assessment processes should be developed in collaboration with trades unions and health and safety representatives. This is mandated by the Safety Representatives and Safety Committee Regulations 1977 Statutory Instrument 500. The ALAMA tool does not override any statutory duties and it is not intended to replace existing policies or procedures.
18. The industry should engage with appropriate opportunities to share public health data which can be used to assess and manage health and wellbeing risk.
19. The individual vulnerability health risk assessments is only one tool to tackle disparities. The industry is committed to undertaking further work to reduce the impact of Covid-19 on the population groups that are more affected by the infection and its adverse outcomes.

Recommended process for individual vulnerability risk assessment

Figure 1. Individual vulnerability risk assessment process



Appendix 1: Background information on disparities for Covid-19

Covid-19 affects people in many ways. As the pandemic has spread across the world there continues to be developments in scientific knowledge about how Covid-19 causes disproportionately more severe disease and deaths among some groups of people. This research can help identify employees who may be more vulnerable because of a variety of reasons.

There is a picture emerging that there are disparities in risks and outcomes due to factors such as gender, ethnicity and age, which are compounded by factors including obesity, high blood pressure and a range of other pre-existing health conditions. Older males from black, Asian and other minority ethnic backgrounds are at a higher risk. We also know that the groups that are at a higher risk from Covid-19 are more likely to experience disparities such as health inequalities, poverty, poor housing and the effects of crime. Furthermore, in many workplaces such individuals are less likely to have access to opportunities for health protection services such as mental health support services, occupational health and related services. Specifically, they are likely to have lower levels of participation with health and wellbeing initiatives that could improve risks from Covid-19.

APPENDIX 2: Covid-19 Individual vulnerability risk assessment template

Employee name:

Assessment carried out by:

Date of next review:

Date assessment was carried out:

What are the hazards?	What are you already doing to control the risks?	Individual level interventions for consideration ¹	What further actions are needed to control the risks?	Who needs to carry out the action?	When is the action needed by?	Done (Yes/No)
<p>1. Infection by airborne means</p> <p>2. Infection via contaminated surfaces</p>		<p>Can this work be done at home?</p> <p>Can alternative work be undertaken at home or elsewhere in the business (redeployment or secondment)?</p> <p>Can face-to-face contact with the public and work location visits be limited or avoided?</p> <p>Have arrangements been made for remote working? e.g. IT facilities for audio and video consultation.</p> <p>Can PPE (appropriate PPE for work environment with any necessary fit testing) be used?</p> <p>Is social distancing of 2metres achievable whilst working?</p>				

	<p>Are good hand hygiene practices (frequent use of soap and water or alcohol-containing gel) in place? Other considerations:</p>			
Additional Comments				
Please add any additional notes as appropriate/following discussion with Occupational Health or HR:				
Occupational Health Provider Assessor Name				
Employee Line Manager Email				
Occupational Health Provider Assessor Signature				

¹ Guidance on organisational controls can be accessed here: <https://www.rssb.co.uk/-/media/Project/RSSB/Platform/Documents/Member/Member-content/Improving-Safety-and-Health/28-may-2020-guidance-C19-RASS-Hazards-Risk-Controls.xlsx>